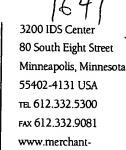
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December 09, 2004

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Commissioner for Patents

Attn: Gailene Gabel

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FROM: Mark E. Deffner

OUR REF:

08966.0033USF1

TELEPHONE:

612.371.5278

Total pages, including cover letter:

PTO FAX NUMBER 1-703-872-9306

If you do NOT receive all of the pages, please telephone us at 612.336.4667, or fax us at 612.332.9081.

Document Transmitted: Request for Withdrawal as Attorney of Record.

Applicant:

Abbott Laboratories

Serial No.:

08/403844

Filed:

6/23/1998

Patent No.:

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Issue Date:

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TRADEN **REQUEST FOR WITHDRAWAL**

AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| | • • |
|------------------------|-----------------|
| Application Number | 08/403844 |
| Filing Date | 6/23/1998 |
| First Named Inventor | Oystein Fodstad |
| Art Unit | 1641 |
| Examiner Name | Gailene Gabel |
| Attorney Docket Number | 08966.0033USF1 |

| To: Commission P.O. Box 145 Alexandria, V | | • | | | | | | | |
|--|---|----------------------|------------------|----------------|--------------|----------------------------------|--|--|--|
| Please withdraw | Please withdraw me as attorney or agent for the above identified patent application, and | | | | | | | | |
| all the attor | all the attorneys/agents of record. | | | | | | | | |
| ☐ the attorney | the attorneys/agents (with registration numbers) listed on the attached paper(s), or | | | | | | | | |
| | ☑ the attorneys/agents associated with Customer Number 23552 | | | | | | | | |
| NOTE: Th pract | NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. | | | | | | | | |
| The reasons for this | s request are: | | | | | | | | |
| The client has | s assented to our withdrawal. | | | | | | | | |
| | CORRESPONI | DENC | E ADD | RESS | | | | | |
| 1. ☐ The correspor 2. ☑ Change the α | ndence address is NOT affected by this vorrespondence address and direct all fut | withdraw ure corr | val. esponder | nce to: | | | | | |
| Firm <i>or</i> Individual Name | I AUDOUL LADOUAUDIUS. HU. FHAIHIAUEHHUM | | | | | | | | |
| Address | 100 Abbott Park Road | | | | | | | | |
| | Patent & Trademark Departmen | ıt #377 | 1 | | | | | | |
| City | Abbott Park | State | IL | | Zip | 60064-3500 | | | |
| Country | United States | | | | | | | | |
| Telephone | 639-271-7064 | | | Fax | | | | | |
| Signature | MIMI | | | | Ь | | | | |
| Name | Mark E. Deffner | | Registra | ation No. | 55,103 | | | | |
| Date | 12-07-2004 | | Telepho | ne No. | 612.33 | 2.5300 | | | |
| IOTE: Withdrawal is effect late of a time period for re | ctive when approved rather than when received. Unl esponse or possible extension period,the request to | ess there | are at least | 30 days betwee | een approval | of withdrawal and the expiration | | | |

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Timewill vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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November 30, 2004

Mr. Bill Murray Abbott Laboratories, Inc. Dept. 377 Building AP6A/1 100 Abbott Park Road Abbott Park IL 60064

Re: Withdrawal From Representation

Merchant & Gould Reference No.: M&G 08966

Dear Mr. Murray:

Our firm has decided to withdraw from representation of Abbott Laboratories. To facilitate the withdrawal of our representation, we have requested from the United States Patent and Trademark Office permission to withdraw as attorney of record. Enclosed please find copies of these requests. This filing with the United States Patent and Trademark Office will allow us to formally withdraw from representation. Once approval is received by Merchant & Gould, we will no longer be held responsible for your legal matters.

I am also transferring to you at this time your original files, as listed herewith, and have not retained copies. These files will be removed from our docket system, and once the Patent and Trademark Office has granted the withdrawal, we understand that you will assume responsibility for all future docket dates. Enclosed is a current Docket Report detailing all outstanding due dates for the next one year period. We have removed these deadlines from our *docket* and *annuity* system. You are advised to immediately seek new counsel so as not to jeopardize your intellectual property portfolio. Failure to respond as required by the USPTO to future docket dates could result in the loss of your intellectual property rights. We understand that you are already working with the firm of Wood, Phillips, Katz, Clark and Mortimer regarding related files. Accordingly, we believe our withdrawal would not prejudice Abbott Laboratories.

Finally, we note that you have still an outstanding balance of \$3,865.87. We trust that you will remit payment shortly.

Minneapolis/St. Paul

Denver

Seattle

Atlanta

Washington, DC

November 30, 2004 Page 2

Please acknowledge receipt and assume responsibility for these files by signing and returning the attached copy of this letter.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

Brent Routman Merchant & Gould

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Enclosures:

Docketing Reports

Duplicate Copy of Client Letter

Duplicate Copy of Request to Withdraw as Attorney of Record

File List Files

cc:

Annuity Department

Client Records Supervisor Docketing Department

USPTO

I hereby acknowledge receipt and responsibility of the files on the attached files list.

| Name | | |
|-----------|------|------|
| | | |
| | | |
| Signature | | |
| | | |
| | | |
| Date | | |